

# MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM

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***\*\*Update\*\****

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**TO:** York and Cumberland County Hospitals; Infection Control Practitioners; School Nurses; Public Health-Required

**FROM:** Dora Anne Mills, M.D., M.P.H., Public Health Director

**SUBJECT:** Update: Hepatitis A in the Kennebunk Area

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Maine Center for Disease Control and Prevention (Maine CDC)  
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## **Hepatitis A in Kennebunk Area**

Five cases of hepatitis A have been reported among students at Consolidated School in Kennebunkport. The first two cases were part of a family cluster identified in September. The other three cases were reported in late October/early November and were unrelated to the family cluster. For the last three cases, it is believed that transmission occurred in the school setting after exposure to the first two ill students.

At the recommendation of the Maine CDC, a vaccination clinic was held at Consolidated School on November 6. Another vaccination clinic was held at a local preschool on November 12. One of the children from the family cluster identified in September attended this preschool.

Since 2006 the Advisory Committee on Immunization Practices (ACIP) has recommended routine hepatitis A immunization of all children 12-23 months of age in the United States. Catch-up vaccination of children 2-18 years of age is desirable as is immunization of persons who are at increased risk of infection (i.e., persons traveling to countries that have high or intermediate endemicity of infection, men who have sex with men, users of injection and noninjection drugs, persons with clotting factor disorders, persons with chronic liver disease, and persons working with hepatitis A virus in research laboratories). In addition, the hepatitis A vaccine can be used for any person wishing to obtain immunity.

As a result of the outbreak in Kennebunk, the Maine CDC has focused vaccination efforts on groups considered at highest risk of infection: 1) close contacts of persons with hepatitis A such as family members and 2) the students and staff of Consolidated School and the local preschool.

Health care providers are encouraged to consider hepatitis A infection in persons with recent onset of jaundice, fever, anorexia, fatigue, nausea, dark urine, clay colored stools, and abdominal discomfort. Diagnostic testing should include hepatitis A IgM antibody and liver enzymes (AST/ALT). Interpretation of a positive IgM test for HAV is difficult in a recently immunized individual. IgM positive results can occur from either natural infection or immunization. Confirmation of infection in recently immunized individuals is usually dependent on clinical signs and elevated liver enzymes.

All cases of suspected viral hepatitis should be reported immediately by phone to the Maine CDC. Epidemiologists are available to provide guidance on post-exposure prophylaxis with either hepatitis A vaccine or immune globulin. To be effective, post exposure prophylaxis needs to be given as soon as possible, but not later than 14 days after last exposure.

Besides immunization, control of disease transmission is dependent on good hand washing as infection is transmitted via the fecal-oral route.

**For More Information:** Contact Maine CDC at 1-800-821-5821. Recommendations for hepatitis A post-exposure prophylaxis are available at:  
<http://www.cdc.gov/mmwr/PDF/wk/mm5641.pdf>.